

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

		1000	on or each violation is specified in the harrange portion	on of this report.				
Establishm	_	ı		Telephone Number	Date of In (mm/dd/y		PERMIT #	
Beiry	1Wis	<u>t</u>	ımber and street, city, state, zip code)	612 725 8505	8/20	/2019	19-30	
			Floyds Kabs, IN 4749	502 724 6150	0/2	741	' ' ' ' '	
Owner	[ appli	7 1 14	L / 10700 KANDS; IT	Purpose:	Follow-u	n Paless	Data	
).sh +	Lindse	w	Libbs	(I. Routine)	Follow-up Release Date  ToDAT			
Owner's A		-/-		2. Follow-up				
				1 -	3. Complaint			
Person in C	Charge W	le la	I.t	4. Pre-Operational	c_2	$C = NC \times R \times R$		
Responsible	e Person's	E-ma	nil	5. Temporary	Menu Tv	pe (See back	of nage)	
lindseyl	libs@ 9	mai	l. com	6. НАССР				
Certified F	ood Manag	ger		7. Other (list)	1 2	$\times$ 3	4 5	
Lindsey	Libs	(0	(12 / 23)					
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R	Narrati	ive	To Be Corrected By			
136	C		Observed meanered employee drinks Observed unlakeled (pinks) spray	on prop table	Discorde d			
438	C		Observed unlabeled (pinks) spra	, bette at some		Corre		
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D ' **								
Received by (name and title printed):				_	Inspected by (name and title printed):			
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Received by			A. Comment	Inspected by (signature):	Inspected by (signature):			
pru	low	1	Wright		ay			
ec:		U <sup></sup>	Сс:		cc;	"		